

THE MEDICAL NEWS AND LIBRARY.

VOL. I.

APRIL, 1843.

No. 4.

CONTENTS.

CLINICS.		Medical Graduates,	56
Pennsylvania Hospital,	49	Charity Hospital, New Orleans,	56
Clinical Lecture on Suppurative Phlebitis, by Dr. Watson,	50	Lunatics and Idiots in New Jersey,	56
ILLUSTRATIONS AND SKETCHES OF MEDICAL DELUSIONS.		Pennsylvania Hospital—Clinical Instruction,	56
Quackery,	53	Foreign Intelligence.—Mesmeric Amputation,	57
Treatment of Medical Swindlers in France,	53	Consequences of the accidental introduction of pieces of glass into the body,	58
The Rising Humbug—Hydropathy,	54	Cure of Voluntary Starvation in an Insane Person,	59
MEDICAL NEWS.		Gilding Surgical Instruments,	59
Domestic Intelligence.—Remarkable Male Precocity,	56	Hemostatic Fluids,	59
Bugs voided from the Bowels,	56	Prize Essay,	59
Jujube Paste,	56	To Readers and Correspondents,	59
Medical Liberality,	56	WATSON'S LECTURES,	20 pages.
		Advertisement,	1 do.

CLINICS.

PENNSYLVANIA HOSPITAL.

Physician, Dr. William Pepper; Surgeon, Dr. George W. Norris.

Admissions since Feb. 21st, for medical diseases, 27; pregnant, 6; infants born, 3; injuries and surgical diseases, 16; recent accidental injuries, 12; total, 63.

Among the accidental cases were admitted 3 contusions; 1 burn, involving nearly four-fifths of the surface of the body; 1 injury from a powder blast, destroying both eyes; 2 incised wounds; 1 transverse fracture of the lower third of the humerus; 1 fractured radius; 1 transverse fracture of the lower third of the femur in a limb previously affected with bony ankylosis of the knee in the semiflexed position; and 1 dislocation of the humerus into the axilla, of six days duration.

Discharged since Feb. 21st, women safely delivered, 8; infants in health, 7; patients cured, 35; relieved, 13; died, 3; total, 66.

Among the accidental cases discharged were 2 contusions, cured; 1 extensive burn, dead; 1 incised wound of trivial character, relieved; 2 sprained ankles, cured; and 1 luxated humerus easily reduced without the pulleys, six days after the accident.

Quarterly Tabular Account.

Cases admitted since January 1st, 1843, medical, 55; obstetrical, 15; infants born, 10; surgical, 66; total, 146.

Cases discharged, medical, 39; dead, 6; obstetrical, adults, 13; infants, 10; still-born, 3; surgical, 73; dead, 3; total, 144.

Cases remaining, medical, 34; obstetrical, adults, 7; infants, 2; surgical, 40; total, 87.

EDWARD HARTSHORNE, M. D.,
February 27th. Resident Physician.

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year payable in advance.

This number contains one sheet, and will pay newspaper postage. It is printed 32 pages to a sheet.

VOL. I.—4

Clinical Lecture on Suppurative Phlebitis, delivered at the Middlesex Hospital, Dec. 10, 1842. By Dr. WATSON.

GENTLEMEN,—I have this day to address myself to a case which has terminated fatally, in the person of a boy who lay in Pepy's ward, as you remember, in a very distressing condition. This boy, named John Windsor, twelve years old, was admitted on the 22nd of November. He then looked pale and very ill; his features were pinched and expressive of great suffering; his tongue dry; his lips and teeth black with sordes; his pulse so high as 124; he complained of being in pain "everywhere," and lay with his lower limbs flexed towards the trunk; pressure on the abdomen increased his pain; he had cough, also, and pain in the precordial region.

It was stated by his brother, that a fortnight before he had been attacked with flushes of heat; shivering and pains in his bones; and a week before his admission the pain in his abdomen began; his bowels had been much relaxed, the stools were reported to have been very unnatural, of a greenish colour; his urine was plentiful but high coloured; he had been somewhat delirious for several days, and especially so for several nights.

After his admission you saw him; his tongue became and remained clean, and he answered questions rationally, though always in a very complaining manner, and with a pitiful aspect, as though he was in much agony. It was soon found that his left hip was swelled a little, and there was some fulness and tenderness in the right loin. He could not attempt to extend his legs without appearing to suffer greatly; the hip and the back were excessively tender; indeed, wherever he was touched he called out that he was hurt—whether the pressure, however slight, was made on the shoulders, the abdomen, the hips, or the limbs generally.

At its first aspect, this case looked like a case of continued fever simply; but it soon became plain that he was labouring under a still more serious disorder. You may remember my having observed to you, more than once, that the poor boy must die, and that probably we should discover suppuration and extensive mischief in various parts of his body, and especially in his joints. Nothing administered did him any good; no treatment afforded him relief. For a short time, in-

deed, his bowels were improved in condition, but that amendment was temporary, and very transient. He gradually became weaker, incontrollable diarrhoea set in; his pulse rose to 140; and on the 7th inst. he expired.

On the next day his body was examined. Here is Mr. Anthony's report of the examination, which I shall read:—

Head.—The sinuses and veins of the pia mater were distended with blood, but there was no serous effusion into the ventricles, or elsewhere; the cavity of the internal ear on both sides was examined, but nothing unnatural observed.

Thorax.—Upon the removal of the sternum, a quantity of pus gushed from the left pleura. Lymph was deposited in patches upon the pleura, covering the lower lobe of each lung; the pericardium was distended with a large quantity of clear serum; and on the surface of the heart were some granular deposits of coagulable lymph; the inner surface of the heart was nearly, or perhaps quite, healthy.

Abdomen.—The viscera and intestines were healthy, but when the left mesocolon was raised, and turned back towards the right side, a large bag of matter came into view between the peritoneum and the fascia transversalis. This communicated with similar purulent collections in the pelvis, alongside the rectum.

Spine.—The spinal cavity was laid open from behind, and in its whole length the theca was separated from the medulla by pus.

Joints.—Both hip-joints were full of pus; so was the right shoulder; there were abscesses in the cellular tissue near each wrist; the knee-joints were free from pus.

The Veins were carefully examined—the larger veins nearly all of them; in a portion of the left axillary were some slight traces of inflammatory action, and two of the communicating veins were blocked up by fibrin. The cellular tissue about the insteps and ankles was œdematous. There were no collections of pus in the substance of the brain, lungs, or liver.

This has been a well marked instance of a very frightful and fatal malady; inflammation mostly, but not necessarily, going on to suppuration in various parts of the body, and produced (so we believe) by the mixture of pus, or of some other morbid product or morbid secretion, with the circulating blood. It is this malady which gives to many fatal

—1847

injuries, and to many—nay, to most fatal operations, their mortal character. It is of surpassing importance, therefore, to the surgeon; it is the same malady which gives origin to so many fatal cases of puerperal fever; it is, therefore, of the deepest interest to the accoucheur; it is scarcely of less interest to the physician.

These scattered inflammations—these collections of pus, disseminated through the body—occupying here and there the liver, the lungs, the brain, the cellular tissue, the muscles, the serous cavities, the joints—can scarcely be accounted for, but on the supposition that the blood, which reaches all those parts, is vitiated. It is unlikely, in the highest degree, that inflammation should simultaneously occur in so many separate and distant spots without some such links of connection. Pathologists, Cruveilhier especially, have experimented on this subject; they have injected pus into the veins of living animals, and found in their dead carcasses just such appearances as this boy's body presents; and they have observed in those animals symptoms, before death, very similar to those which human patients, labouring under this malady, display.

It was long a familiar fact that fractures of the skull, which proved fatal, were frequently accompanied by circumscribed abscesses in the liver. And whimsical explanations of this fact were given; how there was some occult sympathy between the brain and the liver; or how the liver was jarred and hurt by the accident whereby the skull had been broken. Its true explanation was reserved for modern times; it arises from the introduction of pus into the blood. To the same causes are to be ascribed the abscesses and internal inflammation, which follow certain cases of amputation; and not of amputation merely, but of operations which seem less perilous, such as putting a ligature on a varicose vein; tying a hæmorrhoidal tumour; simple venesection; nay, a patient of mine, in this hospital, some years ago, lost her life in consequence of the supervention of the malady I am speaking of, after the excision of some spongy irritable little growths about the orifice of her urethra, by the late Dr. Ley.

In those latter instances there was no pus, you may say, to enter the blood; no primary suppuration; none, at least, that was obvious. True, there was none, until the dead body was inspected; and then, in such cases as

these, inflammation of a vein or veins, phlebitis, has been discovered—phlebitis which had passed into the suppurative stage.

It was at one time a subject of debate, whether those collections of pus were the result of inflammation of the texture in which they are found—or whether they were simply deposits of pus, the pus having been carried in substance, and entangled or somehow laid down in those spots. This last was a very extravagant conjecture. It was suggested, I fancy, chiefly by the circumstance that the collections of pus *sometimes* form without the occurrence of any of the ordinary symptoms of inflammation of the affected tissues. Sometimes, I say, but not always, the inflammation is latent. In this boy it was attended with a remarkable degree of pain.

But there are some difficulties attending this theory, and objections may be made, which you should be prepared to obviate. Pus—it will be said, and very truly said—pus is, in innumerable instances, absorbed into the blood without any such formidable consequences. We see great abscesses disappear, and yet no other smaller, disseminated abscesses ensue. Does not this invalidate the alleged cause of such disseminated abscesses? No; it seems that for their production pus, as such, pus in substance, pus in the mass, must be received into the veins, into the circulating torrent. Pus that is taken up by absorption has not this destructive and fatal effect; it is altered, probably, by that process.

How, then, does pus get into the circulation in consequence of an amputation? Is it not absorbed from the suppurative stump? No, I believe not. If the amputating knife crossed and sunk into a suppurating spot—if a vein had been divided—pus might have been sucked into the vein, and the usual effects follow. But the veins leading to, or rather from, a stump become blocked up by adhesive inflammation, and impervious, before the stump has had time to suppurate. How, then, does the pus find admission? Why, it is a product, in this case also, of phlebitis; the interior of the vein inflames, and goes on to suppuration, and the pus which it pours forth mingles, as pus, with the circulating stream.

But other objections and difficulties present themselves. Cases of manifest phlebitis occur, without any disseminated abscesses or points of inflammation. Yes, there are two forms, or stages, or varieties of phlebitis—the

adhesive and the suppurative. The blood contained in the inflamed vein coagulates and adheres to the walls of the vessel, and blocks it up—obliterates its cavity. If the vein be a small one, no great harm is done. If it be a large one—if it be the principal venous trunk of a limb, for example—its obliteration is followed by œdema of that limb. The blood cannot return freely, until the circulation through the affected vein is restored, or until a collateral venous circulation is established. This is, you know, the pathology of what is called phlegmasia dolens—so common after parturition, and whenever the femoral vein is sealed up, or greatly obstructed by the effect of adhesive inflammation, whether in males or females.

But in other cases the adhesive inflammation is succeeded by the suppurative. Sometimes pus may form harmlessly even in a large vein—namely, when the suppurating part is bounded and shut up at each end by another part in which the adhesive inflammation has prevailed; but whenever the pus finds its way into the general current of the blood, then these purulent collections are apt to occur, and the life of the patient is in imminent jeopardy.

You may, however, be told, that the veins have been diligently traced in some of those fatal cases, and that no vestige of suppuration, or even of inflammation has been found in them. To make this objection valid, *all* the veins should be scrutinised throughout the body; and that, I may venture to say, has never been done. In the case before us, Mr. Anthony searched long before he found any portion of inflamed vein; but he found it at last, slight yet distinct, in the left axillary vein. So in a terrible case which occurred in the summer to one of the students here—a case, as I understand, very similar to that of my little patient—only an inch or two of one vein, the jugular, was found to exhibit obvious traces of recent inflammation. But if none had been found in the more obvious veins, this would not satisfy me that there had been no phlebitis. The veins of the *bones* are often, I believe, the seat of the primary mischief, the fountain from which the pus, which thus renders the blood a poison, proceeds; the veins of the skull, of the diploe, when disseminated abscesses ensue upon injuries of the head; the veins of the bones of the extremities after unsuccessful operations; nay, the evidence of the venous inflammation may have disappeared. Mr. Arnott has

at this time a very interesting case in the house, which he permits me to mention, and which most of you probably have seen. He had occasion to amputate a man's arm. Two or three days after the operation, the patient's pulse began to quicken; shiverings, I believe, happened, and Mr. Arnott became very apprehensive that phlebitis was taking place, and, watching narrowly for it, he soon found it. The veins of the arm, the large superficial visible veins, became swollen, hard, tender. In no long time an abscess formed in the other arm, near the elbow-joint, I think; then a great abscess in the back. The man is apparently recovering from these cross complications; and the case is excessively interesting, inasmuch as it shows (or will show, I hope), that this formidable malady, suppurative phlebitis, even when it gives rise to consecutive inflammation and suppuration here and there, is not necessarily fatal; though it is so, unfortunately, in a very large majority of instances. Now in this instance treatment was applied to the inflamed veins of the arm, and the inflammation has subsided and ceased, and all outward evidence at least of its existence has disappeared, and probably all inward evidence too; so that, were this man to die, his venous system might probably be searched in vain for any remaining traces of phlebitis—and yet we know that he has had phlebitis.

I believe, then, with Mr. Arnott, and with M. Cruveilhier, that the essence of this frightful malady is phlebitis; and that is the compendious name which we may now give it—"suppurative phlebitis." I have seen two or three instances in which it has occurred in persons who had had deafness and a chronic purulent discharge from the ear, chronic otitis. Here, no doubt, the veins of the bones of the skull, or of its membranes, became involved at last in the disease of the petrous portion of the temporal bone. I mention this, to account for the particular notice of that bone in the report of the dissection. The purulent deposits themselves are caused, it is believed, by inflammation going on to suppuration of the venous capillaries of the part.

The object of our treatment, when the phlebitis is obvious and superficial, is to subdue and resolve it, or, at any rate, to prevent its passing beyond the adhesive stage. This we do by keeping the patient at rest, by applying leeches and lotions, or fomentations to the neighbourhood of the inflamed vein, and by prescribing an abstinent and regulated diet.

There seems to be sometimes a sort of epidemic tendency to the occurrence of phlebitis, either depending upon some existing condition of the atmosphere, or upon some peculiar state of the human body, brought about by antecedent influences. The same external circumstances that predispose to erysipelas and to hospital gangrene, predispose too, I fancy, to phlebitis, and to phlebitis of the suppurative variety. When a person is labouring under the disease, it is probably unsafe to open a large vein, lest by that slight injury we should establish a fresh local phlebitis. Indeed, after the suppurative form has once been set up, general blood-letting does no good, but diminishes the power of the system at large to struggle against the disease.

Sometimes suppurative phlebitis is attended in its course with repeated rigor, and with profuse perspirations, and (as in our patient's case) with copious and unnatural discharges from the bowels. These have been noticed in animals soon after the introduction of pus into their veins. Nature attempts, apparently, thus to eliminate the poison; and where the quantity of pus so introduced has been small, the attempt is now and then successful. But in general there is a continual supply of the noxious substance, and the system is irrecoverably infected. In all cases great agitation and a marked disturbance of the nervous system occur.

This is a subject of the greatest interest and highest importance to the surgeon, the accoucheur, and the general practitioner. To its consideration I therefore strongly urge you. If I did not suppose the most of you may have already heard, in his lectures and clinical observations, Mr. Arnott's matured experience and sentiments upon this subject, I should recommend you to read his excellent paper upon phlebitis in the *Medico-Chirurgical Transactions*.—*Provincial Medical Journal*, Dec. 24th, 1842.

ILLUSTRATIONS AND SKETCHES OF MEDICAL DELUSIONS.

Quackery.—People apply to quacks, for two reasons: firstly, because health is offered to them at a cheap rate; and secondly, like drowning men, when honest practitioners give no hope, they catch at every twig. Thus, the love of life on the one hand, and the love of gain on the other, create a tolera-

ble good correspondence between the quack and the public.

"The desire of health and ease," says the illustrious Mr. Pott, "like that of money, seems to put all understandings on a level. The avaricious are duped by every bubble, the lame and unhealthy by every quack. Each party resigns his understanding, swallows greedily, and for a time believes implicitly, the most groundless, ill-founded, and delusory promises: and nothing but loss or disappointment ever produces conviction."

That quacks sometimes succeed, when the regular medical man fails, we have no hesitation in admitting. An honest practitioner will not hold out to a patient, sinking under the influence of a mortal malady, delusive hopes of recovery; but the unprincipled charlatan says, "I can cure you—you *shall* be cured—your disease is not mortal, put faith in *me*, and I will put your ailments to flight."

Unless the patient has *faith* in his physician, but little good can be effected. This is often the secret of success. An indigestion, which has defied a Dr. Paris, or a Dr. W. Philip, has vanished before an homoeopathic dose, administered by a Quin whose maxim, of taking *as little* physic as possible, is so agreeable to the generality of tastes. It is recorded, that a patient who had been pronounced incurable by the faculty, as a *dernier resort*, surrendered himself into the hands of a quack, whose promises were large and gratifying. The invalid was told that he must not, however, expect any change to take place in his malady, until the expiration of six months. A friend who saw the daily fee, and daily deceit, kindly expostulated with the sick man. "For God's sake!" he exclaimed, "destroy not the hopes which that man holds out to me; upon them I live, without them I die." Thus,

"From stratagem to stratagem we run,
And he knows most, who latest is undone."

Physic and Physicians.

Treatment of Medical Swindlers in France.—The following case and its result prove that laws may be made and executed for the suppression of quackery, without endangering the liberty of the subject, or interfering with the rights of traders, as soi-disant "*statesmen*" in England pretend to argue would be the consequence of such a course in England:—

"The gravity of the Correctional Tribunal

of Evreux, in the Eure, was three days ago sorely put to the test by the trial of a woodman named Lemoine, called the Black Physician, who was not, like Sganarelle, *médecin malgré lui*, but made himself *médecin malgré le Procureur du Roi*. Dr. Lemoine, in short, made his appearance at the bar on a charge of practising medicine without a license and being guilty of charlatanism and fraud. He announced himself to the peasantry as a doctor sent from Heaven, and yet at the same time pretended that he possessed secrets communicated to him by Satan *in propria persona*. He administered to some of his patients certain pills and potions, the cathartical effects of which were prodigious, producing in some instances a sixty-five fold force. In one instance, in order to cure a young girl of certain pains, he wrapped her in a sheepskin newly flayed from the animal, in which she had the resolution to remain enveloped for 24 hours. Another young woman, who boasted of the soundness of her health, he, by his influence, persuaded into a belief that she was seriously ill. To cure her he made her father hold a candle in each hand, and induced the patient to keep her arms extended, while he, the inspired physician, cut the throat of a fowl, caught the blood in a basin, and, mixing some drugs in it, made her swallow it. The strength of the young woman's constitution was fully proved, for she suffered no injury from this nauseous and violent remedy, but the intellects of herself and her friends were sufficiently weak to believe the assertions of the doctor, that she was thereby miraculously cured of a mortal malady. Others of his wonderful cures were performed by what he called "*la benediction des jupons*." This was solemnized in the following manner:—He made the young girls, each wearing very short petticoats, range themselves in a line along the brink of a small rivulet, and, at a word given by him, they all stooped forward, and viewed their own faces in the limpid stream. What the effect of this salutary exhibition was did not appear in evidence. The doctor was extremely moderate in his fees, contenting himself with the smallest pieces of coin, some trifling articles of household furniture, and sometimes with board and lodging of the humblest kind for one or two days. After all, the supernatural powers of Dr. Lemoine could not save him from a sentence of three years' imprisonment by the tribunal."

Now, if this rascal had "*settled*" in London he might have reaped as rich a harvest as Long, the Irish basket maker; and instead of speculating upon the nethermost development of fifteen country wenches, wearing short petticoats, and stooping forward to view their faces in the brook, he might have studied the shapes of fifteen young ladies of quality.—*Dublin Medical Press*, Feb. 1843.

—
The Rising Humbug.—Hydropathy.—Homœopathy, the transcendentalism of humbug, is now sharing the fate of the thousands of other delusions which have previously prevailed, and is about being thrust aside by a newer folly. Its successor is hydropathy, and this, which is to be in a short time, and for a short time, the prevailing delusion, is thus happily sketched in an admirable article in the last No. of the *London Quarterly Review*.

"The cold-water system possesses the advantage (perhaps we ought rather to say the disadvantage) of being more simple, and more within the reach of vulgar comprehension, than the mysteries of homœopathy. The inventor of it is one Vincent Priessnitz, concerning whom we are supplied with the following interesting particulars by Mr. Wilson. He is 'a peasant of Silesia, built with broad shoulders, without any tendency to fat, five feet eight inches in height, with an excellent phrenological development, especially of those organs which relate to comparison, casualty [causality?], firmness, combativeness, and destructiveness; having had his front teeth knocked out; appearing a larger man at a distance than he is found to be when you are close to him; having a suspicious look; of few words; and drinking nothing but milk at his breakfast and supper.'—*The Water Cure, &c.* By Jas. Wilson, p. 25. London, 1842.

"The individual thus happily gifted has discovered that all diseases are to be cured by wrapping up the patients in blankets and feather-beds, so as to produce perspiration; and by the use of wet sheets, and cold baths of various kinds, and plentifully drinking cold water; and he has a large establishment at Graefenberg,* where five hundred patients are assembled for the purpose of undergoing his peculiar method of treatment. They dine daily on soup, bouilli, horse-radish sauce,

* Hydropathy; or the Cold Water Cure, &c. By R. J. Claridge, Esq., p. 136. London, 1842.

veal,
pork,
and su
digiou
exerci
and a
ther it
is not
in this
On S
dance

"T
Feldm
to th
his s
lish p
some
cially
which
marol
merel
seekin
as a p
to his
has, w
of his
althou
that h
respec
deal a
for ei
shado
cold-l
in we
suppo
of col
sician
sities,
cially
physi
cold-y
howe
Clarid
that c
nister
To ri
them
gives
that
begin
that
agrec

* V
† Q
on th
&c.,
tion v
M. D

veal, mutton, plumb-sauce, potatoes, and pork, &c. &c.; eating as much as they can, and sometimes too much; and drinking prodigious quantities of cold water. They take exercise daily, by walking and sawing wood; and are not allowed to wear flannel. Whether it be better to sleep or walk after dinner is not yet determined; and we conclude that in this respect the patients do as they please. On Sunday evenings, after supper, they dance, have music, and play cards.

"The authors [Claridge, Wilson and Feldman] of the last three works prefixed to this article have undertaken to explain his system for the benefit of the English public. Mr. Claridge is a gentleman of some literary accomplishments, being especially a proficient in that style of composition which is distinguished by the name of 'rigmarole.' He is an admirer of Priessnitz merely as a philanthropist and amateur, not seeking to enter into competition with him as a practitioner: but Mr. Wilson, physician to his Serene Highness the Prince of Nassau, has, we believe, set up a water-establishment of his own somewhere in this country; and, although a great admirer of Priessnitz, thinks that his system admits of improvement in many respects. He must at any rate know a good deal about it, having resided at Graefenberg for eight months;* followed Priessnitz like a shadow; having taken in his own person 500 cold-baths, 2400 sit-baths, reposed 480 hours in wet sheets, and drunk 3500 tumblers (we suppose rather more than three hogsheads) of cold water. Dr. Feldmann also is a physician, *belonging to several medical universities*, having a great horror of quacks, especially of English apothecaries and French physicians, and himself a practitioner on the cold-water system. Dr. Feldmann's faith, however, is not so complete as that of Mr. Claridge, nor even of Mr. Wilson. He thinks that drugs are necessary also, and he administers them in a way peculiar to himself.† To rich old ladies and gentlemen who think themselves ill, but are not so in reality, he gives twelve papers of white sugar, directing that one shall be taken daily. When this begins to disagree with the patient, in order that *aliquid fecisse videatur*, he gives an agreeably-scented water, with a delicate sy-

rup, ordering a table-spoonful to be taken daily, exactly at eleven o'clock; and he has found this method of proceeding to give the greatest satisfaction to his patients. In other cases, we conclude (for Dr. Feldmann does not absolutely say so) that he has recourse to more active remedies; and he has ascertained that great evils have arisen at the Graefenberg establishment in consequence of Priessnitz trusting too exclusively to cold water. Hundreds of patients have left it without having derived the least benefit, after having passed several weeks in the vain expectation of a salutary crisis in the shape of an immense eruption of boils.* Hundreds have drunk themselves into a dropsy. But he adds,—

"I am, notwithstanding, convinced that the cold-water system is inseparable from medical science. I am equally certain that it can be applied with safety and effect only several days after the body has been in a state of perspiration as prescribed. This is a *conditio sine qua non*. My method of applying cold water is, however, altogether different from that practised at Graefenberg: for, in the first place, I am of opinion that the application of cold water, or the use of the cold bath, should never be allowed during, or immediately after, a state of perspiration, but only a considerable time after; *secondly*, I object to the use of the entire cold-bath at the commencement of medical treatment; *thirdly*, I differ from Priessnitz in thinking that every patient should have a morbid crisis, that is, an eruption of boils,' &c. &c.

"Who shall decide where doctors disagree? We certainly, in this instance at least, shall undertake no such responsibility. * *

"But whatever may be the good derived from exercise, perspiration, and abstinence, the Graefenberg system, or *hydropathy*, as Mr. Claridge† (perhaps facetiously) calls it, will owe its reputation not so much to these old-fashioned remedies as to the novelty of wet sheets, drenching with cold water, sit-baths, &c.; and these will assuredly prevail, and cause it to flourish for a season, until some person of note, who has submitted to this mode of treatment, is crippled by a rheumatic fever, or dead from a carbuncle, or until some fresher novelty arises to push it from its stool,

* Wilson, p. 68.

† Quacks and Quackery Unmasked; or Strictures on the Medical art as now practised by Physicians, &c., with Hints upon a Simple Method in connection with the Cold Water cure. By J. C. Feldman, M. D. London, 1842.

* Ibid., p. 109.

† From ὕδωρ and πάθος. The literal meaning of hydropathy is, therefore, "diseases produced by water."

and furnish another instance of the transitory nature of earthly glory.

"That there will be other projects of the same description, and that there will be always some new delusion to succeed to an old one, can be a matter of no doubt in the mind of any one who is at the pains to consider the circumstances to which such projects and such delusions are indebted for their origin."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Remarkable Male Precocity.—There has recently been exhibited at Mobile, Ala., a mulatto boy not quite four years old, who weighs 82 pounds, and is upwards of four feet high. A very full account of this case has been sent for publication in the American Journal of the American Sciences.

Bugs voided from the Bowels.—Dr. M. KILLIAN, of Little Rock, Ark., has communicated to us the case of a negro man, otherwise healthy, who has periodical attacks, every few months, of pain in the umbilical region, which is followed by a discharge per anum of bugs, sometimes in large numbers. These bugs he describes as being somewhat larger than the common house-fly, but much longer; their wings not well shaped for flying; legs long and well formed. These bugs are easily dislodged by the operation of a drastic purgative, which affords entire relief for the time. We hope he will procure and furnish us some of these bugs, that we may determine to what genus they belong.

Jujube Paste.—United States Circuit Court, Dec. 1, 1842, before Judge Thompson. *F. & N. G. Carnes v. Jesse Hoyt.*

The plaintiff, in 1840, paid duties, under protest, on jujube paste, and also on De Regnauld paste. The collector, under instructions from the Treasury, declaring them to come under the class of "comfits and sweetmeats prepared in sugar and brandy, and liable to 25 per cent. duty, while the plaintiffs alleged them to be medicinal articles, and entitled to pass duty free. Mr. Delluc (firm of Souillard, Delluc & Co.) and other witnesses, stated "jujube paste to be composed of jujube (a pectoral fruit resembling a plum,) gum arabic, sugar and water; and the other paste to be gum arabic,

sugar, water and balsam tolu, and to be used in coughs and colds. Jujube paste is made in the proportion of 1 lb. jujube, (boiled to a strong decoction) 8 lbs. gum arabic, 5 lbs. sugar and 20 lbs. water. The jury found a verdict, declaring the article, not to be "comfits or sweetmeats," and entitled to duty free. —*New York American, newspaper.*

Medical Liberty.—Dr. J. C. WARREN, of Boston, has made a donation of \$1000 to the Massachusetts General Hospital, which sum is to be invested and the interest annually applied to the purchase of books for the use and benefit of the patients at that Institution. We may again ask what other profession is so liberal in its charities as the medical?

Medical Graduates.—University of Pennsylvania, 117; Medical department of Harvard University, 19; Columbia College, Washington, 8; Jefferson Medical College, 46; Pennsylvania Medical College, 23; Transylvania University, Lexington, 57.

Charity Hospital, New Orleans.—The number of patients admitted into this institution during the year 1842, was 4404; of which number 3516 were discharged, and 704 died: of the whole number admitted, 955 were natives of the United States, and 3449 of foreign countries; of which Ireland furnished the largest number, 1792. The number admitted into the Lunatic Asylum from its opening on the 31st July, 1841, to the 1st January, 1843, was 120; of whom 53 were discharged, 26 died, 12 absconded, and 29 remain.

Lunatics and Idiots in New Jersey.—The Legislature of New Jersey has just passed a law authorizing the supervisors of the various towns in the state, in any case where there is a reasonable hope of restoring one of these unfortunates to reason, to send him or her to either the New York or Philadelphia Lunatic Asylum, and there to maintain him at the expense of the town, for such period as may be deemed advisable.

Pennsylvania Hospital.—Clinical Instruction.—The present able medical officers of the Pennsylvania Hospital propose to render that institution still more useful than hitherto, as a clinical school. During the summer months clinical instruction will be

given to
having c
of instr
trained i
bed-side
and also
some of
ing them
From A

J

ardson.

Fee fo
of atten
year, \$3

For th
house, \$

We t
of studen
would st
single su
render th
mere "g

FO

Mesm

22d Nov

Royal M

was exp

sceptics

mesmeri

Dr. Elli

very nu

disciples

—and h

neers, h

minoris

which g

paper in

B. Brod

the begi

but, bef

satisfied

cause w

who sor

as the p

and inc

make a

explana

The t

A labou

disease

of the c

though

emaciat

"distrib

given to a private class, by the gentlemen having charge of the house. In the course of instruction proposed, students will be trained in the practical study of disease at the bed-side during the daily visits to the wards, and also have a series of lectures delivered on some of the most important subjects presenting themselves in the practice of the house. From April to July, *Medicine*, Dr. Pepper.

" " *Surgery*, Dr. Norris.

July to Nov. *Medicine*, Dr. Stewardson.

" " *Surgery*, Dr. E. Peace.

Fee for the course, including the privilege of attending the practice of the house for one year, \$30.

For those already holding the ticket of the house, \$20.

We take pleasure in inviting the attention of students to this course of instruction, and would strongly urge them to profit by it. A single such course would contribute more to render them *practitioners* than a century of mere "grinding" and "quizzing."

FOREIGN INTELLIGENCE.

Mesmeric Amputation.—On Tuesday the 22d November, a great gun was fired in the Royal Medico-Chirurgical Society, which was expected to demolish the whole tribe of sceptics who have opposed the occult arts of mesmeric necromancy, for some time past. Dr. Elliotson headed the corps, which was a very numerous one—(some forty mesmeric disciples having got into the camp as visitors)—and he had generals, captains, civil engineers, barristers, surgeons, and others, *minoris notæ*, in his train. Of the prudence which guided the counsel in admitting the paper in question, we will say nothing. Sir B. Brodie and others condemned it; and, at the beginning, we were of the same opinion; but, before the evening was over, we were satisfied that "all was for the best." The cause was opened by Counsellor Topham, who somewhat triumphantly observed that, as the paper contained nothing but authentic and incontrovertible *facts*, he would not make a single comment, nor offer a word of explanation.

The facts of the case were shortly these. A labouring man suffered for five years from disease of the knee-joint, ending in ulceration of the cartilages. He had continued to work, though in great pain, and with increasing emaciation, till he was received into the "district hospital at Willow, near Ollerton

Notts." It was not till the 9th September, that Mr. Topham saw him, and then commenced the mesmeric processes, which he continued daily, with more or less effect in setting the sufferer to sleep. Mr. Ward, the surgeon, was absent for most part of the time between the above date and the 1st or 2d October, the day of operation. Mr. Topham, the Counsellor, had the patient, therefore, all to himself, and there can be little doubt that he *counselled* him to some purpose. Be that as it may, on the 1st of October the mesmeriser, after exhibiting a *quantum suf.* of the unknown influence, threw the patient into a profound coma, and took the precaution to keep his own fingers on the patient's eyelids during the amputation, which was performed by Mr. Ward. "Soon after the second incision, a moaning was heard from the patient, which continued at intervals until the conclusion." "It gave me the idea of a troubled dream." When the operation was over, the man seemed a little bewildered, and then exclaimed—"I bless the Lord to find it's all over." How did he know this, if he were in a profound state of insensibility all the time? When questioned, he observed that he felt no pain, but once "*felt as if he heard a kind of crunching*,"—evidently the sawing of the bone. The man is recovering.

Mr. Ward's part of the account adds little to Counsellor Topham's, and is corroborative of the lawyer's statement. But the surgeon lets out one or two particulars of a most unfortunate nature, which, in the discussion at the Society afterwards, turned the Great Gun against the gunners themselves. Mr. Ward observes that "the extreme quivering or rapid action of the divided muscular fibres was less than usual." And again, "*I touched the divided end of the sciatic nerve, without any increase of the low moaning*." Ah! Mr. Ward, we fear you have not studied the "*reflex function*" under our friend Marshall Hall, or you would never have marked the above passage in *Italics*!! But more of that anon. What now is the amount of all these *facts*, which were to silence the Society and the profession? The whole amounted to this miserable *non sequitur*—this "lame and impotent conclusion"—that *non-expression* of pain is a proof of its *non-existence*!! Is it not humiliating to medical science that a barrister, a physician, and one or two surgeons, should come forth in a learned and royal society to uphold such a piece of ratiocination as the above in the present day.

Mr. Alcock, Dr. Johnson, and others exposed its fallacy, while Sir B. Brodie and others showed that nothing was more common than patients undergoing the most painful operations, without wincing, without saying a word, or *evinced* the slightest feeling of pain. But would any man, who had an ounce of brain, or an atom of reason, believe that these patients had no *sensation* of pain at the time? Certainly not. They felt the pain; but they had command over their feelings, and betrayed no sensation of agony at the moment.

The mesmeric party cut a remarkably poor figure, and looked not a little foolish when Dr. M. Hall rose, and said that the operation in question proved a great deal too much; for, unless the Notts farmer was constituted in a different manner from all other animals, the instant the sciatic nerve of the amputated limb was touched—even if the patient had been previously decapitated, (which must have induced a tolerable degree of coma), the other extremity, which lay motionless, would have kicked most manfully! This experiment, therefore, he asserted, proved beyond the possibility of a doubt, that the quiescence of the man, under the operation, was a voluntary effort of the will controlling the feelings of suffering. Beaten at all points, the Leader of the forlorn hope was obliged to fall back on the mesmeric sleep, so often induced by the Barrister, and the improvement of the man's health during the time he was being daily mesmerized at the hospital. That the pokings and pawings, the strokings and clawings of the necromancer should have often set the poor ignorant peasant asleep, or apparently asleep, we do not deny—and that the rest, comfort, and other means secured by an hospital, should have produced an amended state of health, we may also admit, without subscribing to the monstrous absurdity, and the anti-physiological phenomena of the narrative in question. The party, however, notwithstanding all their mustering, manœuvring, and packing, were completely put to the rout in every direction! They may now appeal to the *gaubemouches* of the public; but they will not soon try their mountebank tricks again before the profession.—*Medico-Chirurgical Review*, Jan. 1843.

—
Consequences of the accidental introduction of pieces of glass into the body.—M.

Eck, of Berlin, reports in the "*Medic. Zei-*

tung," 1842, No. 32, that a Prussian subaltern officer was affected with a partial paralysis of the right arm, which had resisted all the general and local means of treatment employed for its removal. This paralysis, which chiefly exhibited itself in the flexor muscles, had been preceded in its commencement by sharp pains, extending from the palmar surface of the thumb along the forearm and humerus. M. Eck examined the thumb on its palmar side, and on observing several old cicatrices there, he elicited from the patient that a few years previously he had fallen down with a bottle in his hand, several fragments of which had penetrated his thumb; but, as he had been assured, every one of these was afterwards extracted. M. Eck, however, rationally conceiving that some fragment might still remain to keep up the present symptoms, pressed each of the cicatrices with some force, which operation in one place caused acute pain. He accordingly made a deep incision in that place, and on probing it with the end of a bistoury he found his instrument distinctly to strike against a hard and gritty substance. After the hemorrhage had been in some degree assuaged, M. Eck, who now made out clearly that this substance was a piece of glass, extracted it by the help of a pair of forceps, dressed with charpie; but with considerable difficulty, so deeply was it imbedded, and closely enveloped with the surrounding structures. It proved to be about half an inch in length, and of a curvilinear shape, its larger extremity having been the more deeply seated. On its removal the patient soon recovered the complete use of his arm.

In the "*Gazette des Hôpitaux*" for the 22nd Dec. ult., is detailed the case of a man who having severely cut himself by treading on some broken glass in his bedroom, entered the Hôtel Dieu, Paris, where his wound was healed, the continuance of a piece of glass, deeply seated within it, not being recognised; but about five months afterwards he was unable from pain to put his foot to the ground and he re-entered the hospital. M. Breschet, after ascertaining the fact that a foreign body still remained within the foot, made a crucial incision in the sole, and extracted a piece of glass, nearly an inch in length by half an inch in breadth, from the space between the first and second metatarsal bones. A severe attack of phlebitis supervened after the operation, as far upwards as the groin, and which was not overcome

without much care, nor until the lapse of nearly a month, the patient being of a lym-phatico-nervous temperament.—*Lancet*, Jan. 21, 1843.

—
Cure of Voluntary Starvation in an Insane Person.—A patient in the lunatic asylum at Rome, labouring under the hallucination that he was dead, obstinately refused food, declaring that dead people never ate. He was saved from starvation by the following stratagem. Half a dozen of the attendants, dressed in white shrouds, and their faces and hands covered with chalk, were marched in single file, with dead silence, into a room adjoining that of the patient, where he observed them, through a door, purposely left open, sit down to a hearty meal. "Halloa!" said he that was *deceased*, presently, to an attendant, "who be they?" "Dead men," was the reply. "What," rejoined the corpse, "do dead men eat?" "To be sure they do, as you see," answered the attendant. "If that's the case," exclaimed the defunct, "I'll join them, for I'm famished;" and thus instantly was broken the spell.

—
Gilding Surgical Instruments.—A letter from M. Charrière was read at the Institute on the 21st of March, in which he says, "Having gilded by M. de Rustz's process a considerable number of surgical instruments and pieces of cutlery, I have submitted them to experiments which seem to me to merit attention. The cutting instruments, which I have repeatedly tested on the dead body, have suffered no damage either in the quality of their edge or in their gilding; and the instruments for pressing have preserved all their power of resistance. I have moreover obtained a positive proof that the instruments thus gilded are not subject to rust; and this is an advantage of which the importance may be easily understood, especially for instruments which are intended to remain for some time in the body. I may add that the silver and the platinum plating, applied in the same manner, afford the same results as the gilding."—*Gaz. des Hôp.*; and *Brit. and For. Med. Rev.*

—
Statistics of the Medical Profession of Paris.—The number of physicians in Paris in 1833, was 1090; on the 1st of January, 1843, 1423; being an increase of 333 in ten years, which is much greater than the increase of population in the same period.

There is now (including 170 *officiers de Santé*,) one medical practitioner for every five hundred inhabitants of Paris. In the departments, the proportion is one practitioner for every 1200 inhabitants. The fees of the first medical practitioners of Paris vary from 80 to 150 thousand francs per annum. There are at least twelve who belong to this category. The whole amount of fees received by the profession at Paris amounts to one million two hundred thousand francs per annum. In 1841-42, thirty-six physicians died in Paris, of whom fourteen were members of the Legion of Honour. Thirty-two practise by virtue of an *ordonnance royale*, being members of foreign universities, and not otherwise qualified to practice according to the laws of France; for no medical men are allowed to practise their profession who are not members of French universities, unless by a special *ordonnance royale*, or permission from the King.—*Dublin Med. Press*, Jan. 25, 1843.

—
Hemostatic Fluids.—M. Arago states that bleeding in general is much more easily arrested in animals, as dogs and sheep, than in the human subject, from the greater plasticity of their blood, and that consequently much importance must not be attached to experiments made on them with hemostatic fluids. *Lond. and Ed. Month. Journ. Med. Sci.*, Dec. 1842.

—
Prize Essay.—The Medical Society of Bordeaux offer a gold medal of the value of 600 frs. for the best essay on the following subject:—

"What is the influence of the penitentiary systems and of solitary confinement in particular, on the health of prisoners, both in a physical and moral point of view?"

Essays to be forwarded to M. Burguet, 67 Rue Fonlandige, Bordeaux, before the 15th of June, 1843, written either in the Latin, French, Italian, English, or German language.

TO READERS AND CORRESPONDENTS.

Dr. Jackson did not revise the report of his lecture in time for it to appear in the present No.

Can any of our correspondents furnish us an account of the disease popularly called "black tongue?"

DUNGLISON ON NEW REMEDIES.

LEA & BLANCHARD HAVE JUST PUBLISHED

NEW REMEDIES

PHARMACEUTICALLY AND THERAPEUTICALLY CONSIDERED;

A FOURTH EDITION,

WITH EXTENSIVE MODIFICATIONS AND ADDITIONS.

BY ROBLEY DUNGLISON, M D.

Author of "The Practice of Medicine"—"The Medical Dictionary," &c. &c.

IN ONE VOL. 8vo.

(EXTRACT FROM THE PREFACE.)

"Since the publication of the third edition of this work in 1841, the Pharmacopœia of the United States has appeared under the revision of Professors Wood and Bache and the author. This has rendered it necessary to modify somewhat the nomenclature, and, to a certain extent, the arrangement of the "New Remedies."

The author has likewise endeavoured to embody all the new information of a therapeutical or pharmaceutical character, contained in the different scientific journals, as well as in the ex professo works on Materia Medica and Pharmacy, that have been published since the appearance of the last edition. Farther and varied opportunities have necessarily occurred for testing the value of many of the agents, and of the methods for preparing them. The results of these observations have been introduced. The labour required to accomplish this has not been trifling; the large amount of matter added—(about eighty pages)—and the numerous alterations that have been made can only be accurately appreciated, however, by a close examination.

The additional articles inserted in their proper places in the present edition are;—*Alumina Sales, Anthrakokali, Cannabis Indica, Corylus Rostrata, Ferri Citras, Ferri et Quinia Citras, Fucus Amylaceus, Fuligokali, Gentiana Chirayita, Juglans Regia, Matias, Paullinia and Platini Preparata.*"

NOW READY.

THE TENTH NUMBER OF THE NEW SERIES FOR APRIL, OF
THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES,

EDITED BY ISAAC HAYS, M. D., &c.

This number, in addition to upwards of twenty articles of ORIGINAL matter by Drs. Peace, Gardiner, Buck, Page, Procter, Pennock, Taylor, Porter, Horner, Fox, Harden, Earle, Gazzam, Bennett, Shipman, Young, Lopez, Stewart, Wharton, &c., two Reviews, and eleven Bibliographical notices, contains nearly ONE HUNDRED pages of

A RETROSPECT OF THE IMPROVEMENTS IN MEDICINE AND SURGERY,

Prepared since the publication of the January number, embracing not only those in the English, but full reports from the French and other continental Journals, as well as those of this country.

The profession should note this very important feature in it; and further that as it is printed in small type, each page embraces as much as is usually given in two pages of ordinary Journal matter.

Published quarterly on the first of January, April, July and October; each number containing at least 264 large and closely printed pages. Price FIVE DOLLARS a year, which if forwarded in *advance* and *free of postage* will entitle the subscriber to *The Medical News* without charge.

As but few of the January number remain on hand, early application should be made direct to the publishers.

☞ See the system of clubbing stated in No. 2 of *The News*.